



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

September 10, 2013

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

21 September 10, 2013

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

DEPARTMENT OF TREASURER AND TAX COLLECTOR
REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT
(ALL DISTRICTS AFFECTED)
(3 VOTES)

SUBJECT

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

IT IS RECOMMENDED THAT THE BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 12591289 in amount of \$14,818.37
2. Account Number 12610085 in amount of \$4,776.55
3. Account Number 12591285 in amount of \$4,774.71
4. Account Number 12620604 in amount of \$7,931.51
5. Account Number 12711909 in amount of \$4,725.82
6. Account Number 12550670 in amount of \$4,416.38
7. Account Number 12689802 in amount of \$674.54
8. Account Number 12591280 in amount of \$26,889.71
9. Account Number 12632192 in amount of \$3,762.78

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Sustainability in pursuing collection of charges owed for County services.

Strategic Asset Management Principles Compliance

Not applicable.

FISCAL IMPACT/FINANCING

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

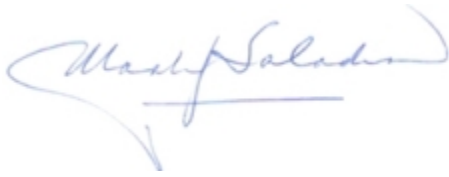
Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No impact.

The Honorable Board of Supervisors
9/10/2013
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Respectfully submitted,

A handwritten signature in blue ink, reading "Mark J. Saladino". The signature is written in a cursive style with a horizontal line underneath the name.

MARK J. SALADINO
Treasurer and Tax Collector

MJS:FR:apl

Enclosures

c: Chief Executive Officer
Auditor-Controller
County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 125A

Amount of Aid	\$263,000.69	Account Number	12591289
Amount Paid	0.00	Name	Adult Female
Balance Due	263,000.69	Service Date	05/31/11 thru 11/08/11
Compromise Amount Offered	14,818.37	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$248,182.32	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$263,000.69. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$50,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 16,666.66	\$16,666.66	33.33%
Attorney Costs	156.83	156.83	0.31%
Westmed Ambulance	1,625.35	93.04	0.19%
Care Ambulance	1,345.25	76.43	0.15%
Supercare	20,000.00	1,128.12	2.26%
Harbor UCLA Medical Foundation	8,908.00	501.76	1.00%
County of Los Angeles	263,000.69	14,818.37	29.64%
Net to Client	N/A	16,558.79	33.12%
Total	\$311,702.78	\$50,000.00	100.00%

Our financial investigation reveals that the client supports herself with a marginal income and resides with her mother. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.125B

Amount of Aid	\$208,407.00	Account Number	12610085
Amount Paid	0.00	Name	Adult Female
Balance Due	208,407.00	Service Date	03/20/2011 thru 09/26/2011
Compromise Amount Offered	4,776.55	Facility	LAC USC Medical Center
Amount to be Written Off	\$203,630.45	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$208,407.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Costs	670.37	670.37	4.47%
County of Los Angeles	208,407.00	4,776.55	31.84%
Net to Client	N/A	4,553.08	30.36%
Total	\$214,077.37	\$15,000.00	100.00%

Our financial investigation reveals that the client is supported totally by her mother. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.125C

Amount of Aid	\$48,970.00	Account Number	12591285
Amount Paid	0.00	Name	Adult Female
Balance Due	48,970.00	Service Date	09/10/2011 – 11/10/2011
Compromise Amount Offered	4,774.71	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$44,195.29	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$48,970.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	210.00	210.00	1.40%
McCormick Ambulance	1,592.75	118.02	0.79%
County of Los Angeles	48,970.00	4,774.71	31.83%
Net to Client	N/A	4,897.27	32.65%
Total	\$55,772.75	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by her friends. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.125D

Amount of Aid	\$38,390.00	Account Number	12620604
Amount Paid	0.00	Name	Adult Male
Balance Due	38,390.00	Service Date	10/20/2011 – 02/05/2012
Compromise Amount Offered	7,931.51	Facility	LAC USC Medical Center
Amount to be Written Off	\$30,458.49	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$38,390.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,333.33	\$ 8,333.33	33.33%
Attorney Cost	314.01	314.01	1.26%
Spine Rehabilitation	2,060.00	733.42	2.93%
Beverly Radiology	305.00	150.00	0.60%
Verdugo Hills Hospital	150.00	116.58	0.47%
County of Los Angeles	38,390.00	7,931.51	31.73%
Net to Client	N/A	7,421.15	29.68%
Total	\$49,552.34	\$25,000.00	100.00%

Our financial investigation reveals that the client is unemployed and supports himself with public assistance. The Department of Public Social Services has been notified of the pending settlement. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.125E

Amount of Aid	\$43,663.00	Account Number	12711909
Amount Paid	0.00	Name	Adult Male
Balance Due	43,663.00	Service Date	09/20/2012 – 11/08/2012
Compromise Amount Offered	4,725.82	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$38,937.18	Service Type	Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$43,663.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	346.28	346.28	2.31%
City of Los Angeles Fire Department	1,467.50	160.17	1.07%
County of Los Angeles	43,663.00	4,725.82	31.51%
Net to Client	N/A	4,767.73	31.78%
Total	\$50,476.78	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his family. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.125F

Amount of Aid	\$43,939.00	Account Number	12550670
Amount Paid	0.00	Name	Adult Male
Balance Due	43,939.00	Service Date	04/11/2011 – 05/02/2011
Compromise Amount Offered	4,416.38	Facility	LAC USC Medical Center
Amount to be Written Off	\$39,522.62	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$43,939.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	804.00	804.00	5.36%
Gary Brazina, M.D.	900.00	500.00	3.33%
Prohealth Imaging	2,240.00	696.00	4.64%
County of Los Angeles	43,939.00	4,416.38	29.45%
Net to Client	N/A	3,583.62	23.89%
Total	\$52,883.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is employed and supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.125G

Amount of Aid	\$25,905.34	Account Number	12689802
Amount Paid	0.00	Name	Adult Female
Balance Due	25,905.34	Service Date	12/13/2008 – 12/31/2008
Compromise Amount Offered	674.54	Facility	LAC USC Medical Center
Amount to be Written Off	\$25,230.80	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$25,905.34. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,950.00	\$ 4,950.00	33.00%
Attorney Cost	363.67	363.67	2.42%
California VCGCB	14,296.12	352.74	2.35%
USCB	155,777.00	3,842.53	25.62%
County of Los Angeles	25,905.34	674.54	4.50%
Net to Client	N/A	4,816.52	32.11%
Total	\$201,292.13	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by her family. She has no other source of income or tangible assets.

The client was initially treated at the LAC USC Medical Center and subsequent treatment was given at the Harbor UCLA Medical Center; the billing for the Harbor UCLA Medical Center was assigned to the USCB by the Department of Health Services. All three medical providers are receiving 2.5% of their outstanding balances as a compromise settlement.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.125H

Amount of Aid	\$79,736.00	Account Number	12591280
Amount Paid	0.00	Name	Adult Female
Balance Due	79,736.00	Service Date	08/21/2011 – 10/12/2011
Compromise Amount Offered	26,889.71	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$52,846.29	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$79,736.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 40,000.00	\$ 40,000.00	40.00%
Attorney Cost	1,165.00	1,165.00	1.17%
City of Los Angeles Fire Department	1,546.00	466.00	0.47%
Harbor UCLA Rx	1,050.00	316.00	0.32%
Westwood Neuro Diagnostics	1,940.00	584.00	0.58%
Total Care Medical Center	2,992.00	901.00	0.90%
F & M Radiology	10,428.00	3,140.00	3.14%
County of Los Angeles	79,736.00	26,889.71	26.89%
Net to Client	N/A	26,538.29	26.53%
Total	\$138,857.00	\$100,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by her family. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.125I

Amount of Aid	\$66,902.00	Account Number	12632192
Amount Paid	0.00	Name	Adult Male
Balance Due	66,902.00	Service Date	04/16/2011 – 04/27/2011
Compromise Amount Offered	3,762.78	Facility	LAC USC Medical Center
Amount to be Written Off	\$63,139.22	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$66,902.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	1,375.00	1,375.00	9.17%
City of Los Angeles Fire Department	1,451.75	725.87	4.84%
CKSpinal Chiropractic	7,900.00	1,000.00	6.67%
Shin MRI, LLC	1,500.00	500.00	3.33%
Michael Smith, M.D.	3,000.00	1,000.00	6.67%
County of Los Angeles	66,902.00	3,762.78	25.09%
Net to Client	N/A	1,636.35	10.90%
Total	\$87,128.75	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and supports himself with public assistance. The Department of Public Social Services has been notified of the pending settlement. He has no other source of income or tangible assets.